

HEALTH QUARTERLY STATEMENT

AS OF March 31, 2003

OF THE CONDITION AND AFFAIRS OF THE

MCAID

NAIC Group Code

3414

,

3414

NAIC Company Code

11557

Employer's ID Number

32-0026448

(Current Period)

(Prior Period)

Organized under the Laws of

Michigan

,

State of Domicile or Port of Entry

Michigan

Country of Domicile

United States of America

Licensed as business type:

Life, Accident & Health[]

Property/Casualty[]

Hospital, Medical & Dental Service or Indemnity[]

Dental Service Corporation[]

Vision Service Corporation[]

Health Maintenance Organization[X]

Other[]

Is HMO Federally Qualified? Yes[X] No[]

Date Incorporated or Organized

09/25/2002

Date Commenced Business

01/01/2003

Statutory Home Office

2301 Commonwealth Blvd.

,

Ann Arbor, MI 48105

(Street and Number)

(City, or Town, State and Zip Code)

Main Administrative Office

2301 Commonwealth Blvd.

(Street and Number)

Ann Arbor, MI 48105

(City or Town, State and Zip Code)

(734)747-8700

(Area Code) (Telephone Number)

Mail Address

2301 Commonwealth Blvd.

,

Ann Arbor, MI 48105

(Street and Number or P.O. Box)

(City, or Town, State and Zip Code)

Primary Location of Books and Records

2301 Commonwealth Blvd.

(Street and Number)

Ann Arbor, MI 48105

(City, or Town, State and Zip Code)

(734)747-8700

(Area Code) (Telephone Number)

Internet Website Address

Statutory Statement Contact

Michele L. Laupmanis

(Name)

mlaupman@mcare.med.umich.edu

(E-Mail Address)

(734)332-2623

(Area Code)(Telephone Number)(Extension)

(734)332-2177

(Fax Number)

Policyowner Relations Contact

2301 Commonwealth Blvd.

(Street and Number)

Ann Arbor, MI 48105

(City, or Town, State and Zip Code)

(734)913-2211

(Area Code) (Telephone Number)(Extension)

OFFICERS

President

Zelda Geyer-Sylvia

Chairman

Lazar J. Greenfield M.D.

Chief Financial Officer

Gregory A. Hawkins

Secretary

Larry Warren

Treasurer

Douglas L. Strong

VICE PRESIDENTS

DIRECTORS OR TRUSTEES

Zelda Geyer-Sylvia

Lazar J. Greenfield M.D.

State of

Michigan

County of

Washtenaw

ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manuals except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

(Signature)

Zelda Geyer-Sylvia

(Printed Name)

President

(Signature)

Gregory A. Hawkins

(Printed Name)

Chief Financial Officer

(Signature)

Douglas L. Strong

(Printed Name)

Treasurer

Subscribed and sworn to before me this

day of

, 2003

(Notary Public Signature)

ASSETS

		Current Statement Date			4
		1	2	3	December 31, Prior Year Net Admitted Assets
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	
1.	Bonds	1,073,217		1,073,217	1,048,319
2.	Stocks:				
2.1	Preferred stocks				
2.2	Common stocks				
3.	Mortgage loans on real estate:				
3.1	First liens				
3.2	Other than first liens				
4.	Real estate:				
4.1	Properties occupied by the company (less \$..... encumbrances)				
4.2	Properties held for the production of income (less \$..... encumbrances)				
4.3	Properties held for sale (less \$..... encumbrances)				
5.	Cash (\$.....20,952 and short-term investments \$.....)	20,952		20,952	
6.	Contract loans (including \$..... premium notes)				
7.	Other invested assets				
8.	Receivable for securities				
9.	Aggregate write-ins for invested assets				
10.	Subtotals, cash and invested assets (Lines 1 to 9)	1,094,169		1,094,169	1,048,319
11.	Investment income due and accrued				
12.	Premiums and considerations:				
12.1	Uncollected premiums and agents' balances in course of collection	46,932		46,932	
12.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$..... earned but unbilled premiums)				
12.3	Accrued retrospective premiums				
13.	Reinsurance:				
13.1	Amounts recoverable from reinsurers				
13.2	Funds held by or deposited with reinsured companies				
13.3	Other amounts receivable under reinsurance contracts				
14.	Amounts receivable relating to uninsured plans				
15.1	Current federal and foreign income tax recoverable and interest thereon				
15.2	Net deferred tax asset				
16.	Guaranty funds receivable or on deposit				
17.	Electronic data processing equipment and software				
18.	Furniture and equipment, including health care delivery assets (\$.....)				
19.	Net adjustments in assets and liabilities due to foreign exchange rates				
20.	Receivables from parent, subsidiaries and affiliates				
21.	Health care (\$.....) and other amounts receivable				
22.	Other assets nonadmitted				
23.	Aggregate write-ins for other than invested assets				
24.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	1,141,101		1,141,101	1,048,319
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
26.	TOTALS (Lines 24 and 25)	1,141,101		1,141,101	1,048,319
DETAILS OF WRITE-INS					
0901	.....			
0902	.....			
0903	.....			
0998.	Summary of remaining write-ins for Line 9 from overflow page				
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)				
2301	.....			
2302	.....			
2303	.....			
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$..... reinsurance ceded)				
2.	Accrued medical incentive pool and bonus payments				
3.	Unpaid claims adjustment expenses				
4.	Aggregate health policy reserves				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance				
9.	General expenses due or accrued				
10.1	Current federal and foreign income tax payable and interest thereon (including \$..... on realized gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
14.	Borrowed money (including \$..... current) and interest thereon \$..... (including \$..... current)				
15.	Amounts due to parent, subsidiaries and affiliates				
16.	Payable for securities				
17.	Funds held under reinsurance treaties with (\$..... authorized reinsurers and \$..... unauthorized reinsurers)				
18.	Reinsurance in unauthorized companies				
19.	Net adjustments in assets and liabilities due to foreign exchange rates				
20.	Liability for amounts held under uninsured accident and health plans				
21.	Aggregate write-ins for other liabilities (including \$..... current)				
22.	Total liabilities (Lines 1 to 21)				
23.	Common capital stock	X X X	X X X		
24.	Preferred capital stock	X X X	X X X		
25.	Gross paid in and contributed surplus	X X X	X X X		1,050,000
26.	Surplus notes	X X X	X X X		
27.	Aggregate write-ins for other than special surplus funds	X X X	X X X		
28.	Unassigned funds (surplus)	X X X	X X X	1,141,101	(1,681)
29.	Less treasury stock, at cost:				
29.1	..... shares common (value included in Line 23 \$.....)	X X X	X X X		
29.2	..... shares preferred (value included in Line 24 \$.....)	X X X	X X X		
30.	Total capital and surplus (Lines 23 to 28 minus Line 29)	X X X	X X X	1,141,101	1,048,319
31.	Total liabilities, capital and surplus (Lines 22 and 30)	X X X	X X X	1,141,101	1,048,319
DETAILS OF WRITE-INS					
2101	.....			
2102	.....			
2103	.....			
2198.	Summary of remaining write-ins for Line 21 from overflow page				
2199.	TOTALS (Lines 2101 through 2103 plus 2198) (Line 21 above)				
2701	.....	X X X	X X X		
2702	.....	X X X	X X X		
2703	.....	X X X	X X X		
2798.	Summary of remaining write-ins for Line 27 from overflow page	X X X	X X X		
2799.	TOTALS (Lines 2701 through 2703 plus 2798) (Line 27 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date
		1 Uncovered	2 Total	3 Total
1.	Member Months	X X X	44,093	
2.	Net premium income (including \$..... non-health premium income)	X X X	6,214,685	
3.	Change in unearned premium reserves and reserves for rate credits	X X X		
4.	Fee-for-service (net of \$..... medical expenses)	X X X		
5.	Risk revenue	X X X		
6.	Aggregate write-ins for other health care related revenues	X X X		
7.	Aggregate write-ins for other non-health revenues	X X X		
8.	Total revenues (Lines 2 to 7)	X X X	6,214,685	
Hospital and Medical:				
9.	Hospital/medical benefits		4,195,563	
10.	Other professional services			
11.	Outside referrals			
12.	Emergency room and out-of-area			
13.	Prescription drugs		1,030,852	
14.	Aggregate write-ins for other hospital and medical		304,648	
15.	Incentive pool and withhold adjustments			
16.	Subtotal (Lines 9 to 15)		5,531,063	
Less:				
17.	Net reinsurance recoveries			
18.	Total hospital and medical (Lines 16 minus 17)		5,531,063	
19.	Non-health claims			
20.	Claims adjustment expenses			
21.	General administrative expenses		611,539	
22.	Increase in reserves for life and accident and health contracts (including \$..... increase in reserves for life only)			
23.	Total underwriting deductions (Lines 18 through 22)		6,142,602	
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	72,083	
25.	Net investment income earned		20,700	
26.	Net realized capital gains or (losses)			(1,681)
27.	Net investment gains or (losses) (Lines 25 plus 26)		20,700	(1,681)
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....) (amount charged off \$.....)]			
29.	Aggregate write-ins for other income or expenses			
30.	Net income or (loss) before federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	92,783	(1,681)
31.	Federal and foreign income taxes incurred	X X X		
32.	Net income (loss) (Lines 30 minus 31)	X X X	92,783	(1,681)
DETAILS OF WRITE-INS				
0601	.....	X X X		
0602	.....	X X X		
0603	.....	X X X		
0698.	Summary of remaining write-ins for Line 6 from overflow page	X X X		
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X		
0701	.....	X X X		
0702	.....	X X X		
0703	.....	X X X		
0798.	Summary of remaining write-ins for Line 7 from overflow page	X X X		
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X		
1401.	Misc Health and Mental Health		303,485	
1402.	Stop-Loss Insurance		1,163	
1403	.....		
1498.	Summary of remaining write-ins for Line 14 from overflow page			
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)		304,648	
2901	.....		
2902	.....		
2903	.....		
2998.	Summary of remaining write-ins for Line 29 from overflow page			
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)			

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2
		Current Year	Prior Year
		To Date	To Date
CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	1,048,319	
GAINS AND LOSSES TO CAPITAL & SURPLUS			
34.	Net income or (loss) from Line 32	92,783	(1,681)
35.	Change in valuation basis of aggregate policy and claim reserves		
36.	Net unrealized capital gains and losses		
37.	Change in net unrealized foreign exchange capital gain or (loss)		
38.	Change in net deferred income tax		
39.	Change in nonadmitted assets		
40.	Change in unauthorized reinsurance		
41.	Change in treasury stock		
42.	Change in surplus notes		
43.	Cumulative effect of changes in accounting principles		
44.	Capital Changes:		
44.1	Paid in		
44.2	Transferred from surplus (Stock Dividend)		
44.3	Transferred to surplus		
45.	Surplus adjustments:		
45.1	Paid in		1,050,000
45.2	Transferred to capital (Stock Dividend)		
45.3	Transferred from capital		
46.	Dividends to stockholders		
47.	Aggregate write-ins for gains or (losses) in surplus		
48.	Net change in capital and surplus (Lines 34 to 47)	92,783	1,048,319
49.	Capital and surplus end of reporting period (Line 31 plus 48)	1,141,102	1,048,319
DETAILS OF WRITE-INS			
4701.	0		
4702	.....	
4703	.....	
4798.	Summary of remaining write-ins for Line 47 from overflow page		
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)		

CASH FLOW

		1	2
		Current Year To Date	Prior Year
Cash from Operations			
1.	Premiums collected net of reinsurance	6,167,752	
2.	Net investment income	20,700	
3.	Miscellaneous income		
4.	Total (Lines 1 through 3)	6,188,452	
5.	Benefit and loss related payments	5,531,063	
6.	Net transfers to Separate, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	611,539	
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) \$..... net tax on capital gain (losses)		
10.	Total (Lines 5 through 9)	6,142,602	
11.	Net cash from operations (Line 4 minus Line 10)	45,850	
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds		
12.2	Stocks		
12.3	Mortgage loans		
12.4	Real estate		
12.5	Other invested assets		
12.6	Net gains or (losses) on cash and short-term investments		
12.7	Miscellaneous proceeds		
12.8	Total investment proceeds (Lines 12.1 to 12.7)		
13.	Cost of investments acquired (long-term only):		
13.1	Bonds	24,898	1,050,000
13.2	Stocks		
13.3	Mortgage loans		
13.4	Real estate		
13.5	Other invested assets		
13.6	Miscellaneous applications		
13.7	Total investments acquired (Lines 13.1 to 13.6)	24,898	1,050,000
14.	Net increase (decrease) in policy loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Lines 13.7 and 14)	(24,898)	(1,050,000)
Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes		1,050,000
16.2	Capital and paid in surplus, less treasury stock		
16.3	Borrowed funds received		
16.4	Net deposits on deposit-type contracts and other insurance liabilities		
16.5	Dividends to stockholders		
16.6	Other cash provided (applied)		
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)		1,050,000
RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS			
18.	Net change in cash and short-term investments (Lines 11 plus 15 plus 17)	20,952	
19.	Cash and short-term investments:		
19.1	Beginning of year		
19.2	End of period	20,952	

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year													
2. First Quarter	14,626								14,626				
3. Second Quarter													
4. Third Quarter													
5. Current Year													
6. Current Year Member Months	44,093								44,093				
Total Member Ambulatory Encounters for Period:													
7. Physician	13,851								13,851				
8. Non-Physician	1,119								1,119				
9. Total	14,970								14,970				
10. Hospital Patient Days Incurred	1,161								1,161				
11. Number of Inpatient Admissions	286								286				
12. Health Premiums Collected	6,214,685								6,214,685				
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned	6,214,685								6,214,685				
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services ...	5,531,063								5,531,063				
18. Amount Incurred for Provision of Health Care Services	5,531,063								5,531,063				

CLAIMS PAYABLE (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
<div>NONE</div>						
0899999 Accrued Medical Incentive Pool

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business		Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1+3)	6 Estimated Claim Reserve and Claim Liability Dec.31 of Prior Year
		1	2	3	4		
		On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec.31 of Prior Year	On Claims Incurred During the Year		
1.	Comprehensive (hospital & medical) .....	.....	.....	.....	.....	.....	.....
2.	Medicare Supplement .....	.....	.....	.....	.....	.....	.....
3.	Dental only .....	.....	.....	.....	.....	.....	.....
4.	Vision only .....	.....	.....	.....	.....	.....	.....
5.	Federal Employees Health Benefits Plan Premiums ..	.....	.....	.....	.....	.....	.....
6.	Title XVIII - Medicare .....	.....	.....	.....	.....	.....	.....
7.	Title XIX - Medicaid .....	.....	5,531,063	.....	.....	.....	.....
8.	Other health .....	.....	.....	.....	.....	.....	.....
9.	Health subtotal (Lines 1 to 8) .....	.....	5,531,063	.....	.....	.....	.....
10.	Other non-health .....	.....	.....	.....	.....	.....	.....
11.	Medical incentive pools, accruals and disbursements ..	.....	.....	.....	.....	.....	.....
12.	TOTALS .....	.....	5,531,063	.....	.....	.....	.....

Notes to Financial Statement

There have been no material events since the annual filing.

GENERAL INTERROGATORIES
(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1 Did the reporting entity implement any significant accounting policy changes which would require disclosure in the Notes to the Financial Statements?

Yes[] No[X]
- 1.2 If yes, explain:
- 2.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes[] No[X]
- 2.2 If yes, has the report been filed with the domiciliary state?

Yes[] No[] N/A[X]
- 3.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes[] No[X]
- 3.2 If yes, date of change:
If not previously filed, furnish herewith a certified copy of the instrument as amended.
4. Have there been any substantial changes in the organizational chart since the prior quarter end?
If yes attach an explanation.

Yes[] No[X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes[] No[X]
- 5.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile
.....

6. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?
If yes, attach an explanation.

Yes[] No[] N/A[X]
- 7.1 State as of what date the latest financial examination of the reporting entity was made or is being made.
- 7.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.
- 7.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).
- 7.4 By what department or departments?
- 8.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.)

Yes[] No[X]
- 8.2 If yes, give full information
- 9.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[] No[X]
- 9.2 If response to 9.1 is yes, please identify the name of the bank holding company.
- 9.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[] No[X]
- 9.4 If response to 9.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6	7
Affiliate Name	Location (City, State)	FRB	OCC	OTS	FDIC	SEC
..... Yes[] No[X]	. Yes[] No[X]	. Yes[] No[X]	. Yes[] No[X]	. Yes[] No[X]

GENERAL INTERROGATORIES (continued)

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted.)

INVESTMENT

10.1 Has there been any changes in the reporting entity's own preferred or common stock?

Yes[] No[X]

10.2 If yes, explain:

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes[] No[X]

11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$

13. Amount of real estate and mortgages held in short-term investments:

\$

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes[] No[X]

14.2 If yes, please complete the following:

	1 Prior Year-End Statement Value	2 Current Quarter Statement Value
14.21 Bonds
14.22 Preferred Stock
14.23 Common Stock
14.24 Short-Term Investments
14.25 Mortgages, Loans or Real Estate
14.26 All Other
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above
14.29 Receivable from Parent not included in Lines 14.21 to 14.26 above

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes[] No[X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes[] No[X] N/A[]

If no, attach a description with this statement.

16. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Part 1 - General, Section IV, H-Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes[X] No[]

16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Bank One	611 Woodward Ave, ste MI1-8110m Detroit, MI 48226

16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter?

Yes[] No[X]

16.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....

16.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
.....

SCHEDULE A - VERIFICATION

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Increase (decrease) by adjustment		
3.	Cost of acquired		
4.	Cost of additions to and permanent improvements		
5.	Total profit (loss) on sales		
6.	Increase (decrease) by foreign exchange adjustment		
7.	Amount received on sales		
8.	Book/adjusted carrying value at end of current period		
9.	Total valuation allowance		
10.	Subtotal (Lines 8 plus 9)		
11.	Total nonadmitted amounts		
12.	Statement value, current period (Page 2, real estate lines, current period)		

SCHEDULE B - VERIFICATION

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book value/recorded investment excluding accrued interest on mortgages owned, December 31 of prior year		
2.	Amount loaned during period:		
2.1	Actual cost at time of acquisitions		
2.2	Additional investment made after acquisitions		
3.	Accrual of discount and mortgage interest points and commitment fees		
4.	Increase (decrease) by adjustment		
5.	Total profit (loss) on sale		
6.	Amounts paid on account or in full during the period		
7.	Amortization of premium		
8.	Increase (decrease) by foreign exchange adjustment		
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period		
10.	Total valuation allowance		
11.	Subtotal (Lines 9 plus 10)		
12.	Total nonadmitted amounts		
13.	Statement value of mortgages owned at end of current period		

SCHEDULE BA - VERIFICATION

Other Invested Assets Included in Schedule BA

		1	2
Description		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year		
2.	Cost of acquisitions during period:		
2.1	Actual cost at time of acquisitions		
2.2	Additional investment made after acquisitions		
3.	Accrual of discount		
4.	Increase (decrease) by adjustment		
5.	Total profit (loss) on sale		
6.	Amounts paid on account or in full during the period		
7.	Amortization of premium		
8.	Increase (decrease) by foreign exchange adjustment		
9.	Book/adjusted carrying value of long-term invested assets at end of current period		
10.	Total valuation allowance		
11.	Subtotal (Lines 9 plus 10)		
12.	Total nonadmitted amounts		
13.	Statement value of long-term invested assets at end of current period		

SCHEDULE D - VERIFICATION

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	1,048,319	
2.	Cost of bonds and stocks acquired		1,050,000
3.	Accrual of discount		
4.	Increase (decrease) by adjustment	24,898	(1,681)
5.	Increase (decrease) by foreign exchange adjustment		
6.	Total profit (loss) on disposal		
7.	Consideration for bonds and stocks disposed of		
8.	Amortization of premium		
9.	Book/adjusted carrying value, current period	1,073,217	1,048,319
10.	Total valuation allowance		
11.	Subtotal (Lines 9 plus 10)	1,073,217	1,048,319
12.	Total nonadmitted amounts		
13.	Statement value (Lines 11 minus 12)	1,073,217	1,048,319

SCHEDULE D - PART 1B
Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1	2	3	4	5	6	7	8
	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1	1,048,319			24,898	1,073,217			1,048,319
2. Class 2								
3. Class 3								
4. Class 4								
5. Class 5								
6. Class 6								
7. TOTAL Bonds	1,048,319			24,898	1,073,217			1,048,319
PREFERRED STOCK								
8. Class 1								
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. TOTAL Preferred Stock								
15. TOTAL Bonds & Preferred Stock	1,048,319			24,898	1,073,217			1,048,319

15 Schedule DA Part 1 - NONE

15 Schedule DA Part 2 Verification - NONE

16 Schedule DB Part F Section 1 - NONE

17 Schedule DB Part F Section 2 - NONE

18 Schedule S Ceded Reinsurance - NONE

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

		1 Guaranty Fund (Yes or No)	2 Is Insurer Licensed (Yes or No)	Direct Business Only Year-to-Date					
				3 Accident and Health Premiums	4 Medicare Title XVIII	5 Medicaid Title XIX	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums and Deposit-Type Contract Funds	8 Property/ Casualty Premiums
1.	Alabama (AL) .....	.. No ..	.. No ..						
2.	Alaska (AK) .....	.. No ..	.. No ..						
3.	Arizona (AZ) .....	.. No ..	.. No ..						
4.	Arkansas (AR) .....	.. No ..	.. No ..						
5.	California (CA) .....	.. No ..	.. No ..						
6.	Colorado (CO) .....	.. No ..	.. No ..						
7.	Connecticut (CT) .....	.. No ..	.. No ..						
8.	Delaware (DE) .....	.. No ..	.. No ..						
9.	District of Columbia (DC) .....	.. No ..	.. No ..						
10.	Florida (FL) .....	.. No ..	.. No ..						
11.	Georgia (GA) .....	.. No ..	.. No ..						
12.	Hawaii (HI) .....	.. No ..	.. No ..						
13.	Idaho (ID) .....	.. No ..	.. No ..						
14.	Illinois (IL) .....	.. No ..	.. No ..						
15.	Indiana (IN) .....	.. No ..	.. No ..						
16.	Iowa (IA) .....	.. No ..	.. No ..						
17.	Kansas (KS) .....	.. No ..	.. No ..						
18.	Kentucky (KY) .....	.. No ..	.. No ..						
19.	Louisiana (LA) .....	.. No ..	.. No ..						
20.	Maine (ME) .....	.. No ..	.. No ..						
21.	Maryland (MD) .....	.. No ..	.. No ..						
22.	Massachusetts (MA) .....	.. No ..	.. No ..						
23.	Michigan (MI) .....	.. No ..	.. Yes ..			6,214,685			
24.	Minnesota (MN) .....	.. No ..	.. No ..						
25.	Mississippi (MS) .....	.. No ..	.. No ..						
26.	Missouri (MO) .....	.. No ..	.. No ..						
27.	Montana (MT) .....	.. No ..	.. No ..						
28.	Nebraska (NE) .....	.. No ..	.. No ..						
29.	Nevada (NV) .....	.. No ..	.. No ..						
30.	New Hampshire (NH) .....	.. No ..	.. No ..						
31.	New Jersey (NJ) .....	.. No ..	.. No ..						
32.	New Mexico (NM) .....	.. No ..	.. No ..						
33.	New York (NY) .....	.. No ..	.. No ..						
34.	North Carolina (NC) .....	.. No ..	.. No ..						
35.	North Dakota (ND) .....	.. No ..	.. No ..						
36.	Ohio (OH) .....	.. No ..	.. No ..						
37.	Oklahoma (OK) .....	.. No ..	.. No ..						
38.	Oregon (OR) .....	.. No ..	.. No ..						
39.	Pennsylvania (PA) .....	.. No ..	.. No ..						
40.	Rhode Island (RI) .....	.. No ..	.. No ..						
41.	South Carolina (SC) .....	.. No ..	.. No ..						
42.	South Dakota (SD) .....	.. No ..	.. No ..						
43.	Tennessee (TN) .....	.. No ..	.. No ..						
44.	Texas (TX) .....	.. No ..	.. No ..						
45.	Utah (UT) .....	.. No ..	.. No ..						
46.	Vermont (VT) .....	.. No ..	.. No ..						
47.	Virginia (VA) .....	.. No ..	.. No ..						
48.	Washington (WA) .....	.. No ..	.. No ..						
49.	West Virginia (WV) .....	.. No ..	.. No ..						
50.	Wisconsin (WI) .....	.. No ..	.. No ..						
51.	Wyoming (WY) .....	.. No ..	.. No ..						
52.	American Samoa (AS) .....	.. No ..	.. No ..						
53.	Guam (GU) .....	.. No ..	.. No ..						
54.	Puerto Rico (PR) .....	.. No ..	.. No ..						
55.	U.S. Virgin Islands (VI) .....	.. No ..	.. No ..						
56.	Canada (CN) .....	.. No ..	.. No ..						
57.	Aggregate other alien (OT) .....	.. X X X ..	.. X X X ..						
58.	TOTAL (Direct Business) .....	.. X X X ..	(a)..... 1			6,214,685			
DETAILS OF WRITE-INS									
5701	.....	.. X X X ..	.. X X X ..						
5702	.....	.. X X X ..	.. X X X ..						
5703	.....	.. X X X ..	.. X X X ..						
5798.	Summary of remaining write-ins for Line 57 from overflow page .....	.. X X X ..	.. X X X ..						
5799.	TOTALS (Lines 5701 through 5703 plus 5798) (Line 57 above) .....	.. X X X ..	.. X X X ..						

(a) Insert the number of yes responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

All insurer members of a Holding Company Group that has acquired and/or disposed of any domestic insurer (s) since filing the last annual or quarterly statement shall prepare a common schedule for inclusion in each of the individual quarterly statements

PART 1 - ORGANIZATIONAL CHART

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

RESPONSES

1. Will the SVO Compliance Certification be filed with this statement?

No

Explanation:

Bar Code:

SVO Compliance Certification



OVERFLOW PAGE FOR WRITE-INS

E01	Schedule A Part 2 -	NONE
E01	Schedule A Part 3 -	NONE
E02	Schedule B Part 1 -	NONE
E02	Schedule B Part 2 -	NONE
E03	Schedule BA Part 1 -	NONE
E03	Schedule BA Part 2 -	NONE
E04	Schedule D Part 3 -	NONE
E05	Schedule D Part 4 -	NONE
E06	Schedule DB Part A Section 1 -	NONE
E06	Schedule DB Part B Section 1 -	NONE
E07	Schedule DB Part C Section 1 -	NONE
E07	Schedule DB Part D Section 1 -	NONE

SCHEDULE E - PART 1 - CASH

1			2	3	4	Book Balance at End of Each Month During Current Quarter			8
Depository			Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	5	6	7	
						First Month	Second Month	Third Month	*
open depositories									
Bank One, Dearborn, MI .....	.....	.....	.....	.....	.....	.....	.....	.....	.
M-CAID Transitional Cash, Ann Arbor, MI .....	.....	.....	..... 1.410	..... 4,198	.....	..... (273)	..... 27,328	..... 20,952	.
M-CAID Csh Outside UIP, Ann Arbor, MI .....	.....	.....	.....	.....	.....	.....	.....	.....	.
Mellon Trust, Dreyfus Cash .....	.....	.....	.....	.....	.....	.....	.....	.....	.
Mellon Trust, Demand Deposit Account .....	.....	.....	.....	.....	.....	.....	.....	.....	.
0199998 Deposits in depositories that do not exceed the allowable limit in any one depository (See Instructions) - open depositories .....			... X X X ...	.....	.....	.....	.....	.....	.
0199999 Totals - Open Depositories .....			... X X X ...	..... 4,198	.....	..... (273)	..... 27,328	..... 20,952	.
0299998 Deposits in depositories that do not exceed the allowable limit in any one depository (See Instructions) - suspended depositories .....			... X X X ...	.....	.....	.....	.....	.....	.
0299999 Totals - Suspended Depositories .....			... X X X ...	.....	.....	.....	.....	.....	.
0399999 Total Cash On Deposit .....			... X X X ...	..... 4,198	.....	..... (273)	..... 27,328	..... 20,952	.
0499999 Cash in Company's Office X X X X X X X X X
0599999 Total Cash X X X 4,198 (273) 27,328 20,952	.

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